

ON THE TREATMENT OF EPIDIDYMITIS BY OIL OF
YELLOW SANDAL WOOD, AND ON THE
MODE OF ACTION OF THAT OIL. -

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THERE is a general consensus of opinion that sandal oil and other substances of that nature exert a beneficial influence upon gonorrhœa; and it is believed they act through the medium of the urine. Ricrod's observations have led him to the conclusion that copaiba acts in this way. He supposes that when taken into the system it becomes excreted by the urine in some mysteriously altered form, and during micturition comes into contact with the mucous membrane of the urethra, acting as an injection. The correctness of this view is open to question.

It is based upon three cases. In these he seems to have forgotten the "*ceteris paribus*" and compared the part of the urethra washed out repeatedly every day by the copaiba charged urine with that part which was not washed out at all by either urine or simple water. (In those cases where the discharge has been allowed to remain in contact with the urethral surface the aggravation of the disease is notorious). He leaves unexplained the records of the unsatisfactory effects of using copaiba charged urine as an injection. Also, he does not prove that if the copaiba is changed in the urine that it is not already similarly changed while in the blood, i. e., that the mysterious change in the copaiba takes place in the kidney and not in the liver or elsewhere. Finally, he does not prove that if the copaiba undergoes the necessary mysterious change

while yet in the blood it does not get as near to the seat of mischief while circulating through the capillaries of the urethral mucous membrane as while passing with the urine through the urethra. A better explanation of the facts observed concerning the influence of copaiba is that it acts in two directions at once; in the first place, while circulating in the capillaries of the urethral mucous membrane and, in the second, while passing with the urine through the urethra. This is the way I believe copaiba acts, and this is the way I believe oil of sandal wood acts in checking gonorrhœa.

Having a patient with a swelled testicle from gonorrhœa, and finding all sorts of ordinary measures were of little use, I cast about for some means of hastening recovery, and in a conversation with Mr. C. B. Keetley he let fall the suggestion of sandal oil. This was accordingly tried, and with very excellent results. The patient improved rapidly and in a week was practically well, there being no tenderness on pressure and but little enlargement.

In the second case in which I tried it, it answered equally well. In this the patient had been under treatment for about three weeks before coming under my care and was surprised and pleased with the apparent immediate improvement.

In the third case the patient was first seen when the inflammation was acute and the testicle as large as one's fist. In ten days he was up and about, wanting to begin training for a bicycle race.

In the fourth case an officer in the army, having grown impatient with his tardy progress, came to me, and was, in his own opinion, well within seven days. Upon a subsequent occasion he again suffered with swelled testicle, came to me and was put on the sandal oil, improved rapidly for three days, and then, wishing to avoid some military duty, applied to be put on the sick list. The army surgeon insisted upon treating him or else refused to put him on the sick list, so the sandal oil was discontinued and other means substituted. He grew rapidly worse and in a fortnight came to see me again, improved rapidly, and got well by taking the sandal oil and pouring the other physic down the sink.

These results, obtained in a trial undertaken without any pre-

conceived theory or prejudice, encouraged me to use the sandal oil in gonorrhœal rheumatism, and this I have done in two cases, with the best results. In the first case I tried many things for three weeks without causing the least improvement. Immediately upon giving sandal oil the improvement began and recovery rapidly became complete. In this case I had tried salicylate of soda in full doses without effect.

In the second case I gave the sandal oil immediately on the appearance of the rheumatism in the ankles, and all symptoms were gone in two days.

I have given sandal oil in several cases of subacute prostatitis and though these cases all did well and rapidly recovered, other means were used in addition, and cases usually do well without sandal oil.

In one case I attempted to prevent the formation of a gonorrhœal bubo by giving sandal oil, but not successfully.

Such is my experience of sandal oil in the treatment of the complications of gonorrhœa. Though not sufficient to prove much, it has left a very strong impression upon my mind that it stands a long way ahead of any other remedy for treating "swelled testicle" and gonorrhœal rheumatism.

It may be as well to add that in cases of long standing gonorrhœal rheumatism it would be unreasonable to expect recovery in a few days under sandal oil. The best results may be hoped for in cases where this treatment is begun very early, and in old long-standing cases better results may be hoped for in a treatment which includes sandal oil than in one which excludes it.